STATEMENT OF ORGANIZATION			OFFICE USE O	
Name and Address of Committee		2. Date of this Statement	Date Filed: 10/1/2014	
TERRELL J. MYLES 9804 South Chase Cir.		8/28/201	4 5/0	
Shreveport, LA 71118		3. Estimated Membership	10/3	<b>4</b>
			0	
Check If:		4. Amended Statement?		
New Committee	Monthly Filer	Yes X No	#89634	
5. All Committee Officers and Director			ee officers and directors)	
a. <u>Name</u>	b. <u>Position</u>	c. <u>Address</u>		
STEPHANIE MYLES	Chairperson	9804 South Cha	se Cir	
		Shreveport, LA 7	1118	
ANGELA SMITH	Treasurer	425 Egan Street		
		Shreveport, LA 7	1101	
Affiliated Organizations     (Any organization, other than a poli     a. <u>Name</u>	tical committee, which directly or ind	directly established, administers	i, or financially supports this committee.) c. Relationship to Committee	e
All Depositories for Committee Fun mutual funds.)	ds (committee funds must be depos	ited in one or more banks or sa	ivings and loan institutions or money marke	et
a. <u>Name</u>	b. <u>Address</u>			
On attached sheet				
8. IF THIS COMMITTEE SUPPORTS	A SINGLE CANDIDATE: a	. Check one: Princ	pal Campaign Committee X S	Subsidiary Committee
b. Name of Candidate			c. Office Sought by the Candidate	
7. a. Name of Person Preparing Repo	ort ANGELA SMITH			
b. Daytime Telephone 31	8-797-2450			
10. WE HEREBY CERTIFY that the information and belief.	nformation contained in this STATEN	MENT OF ORGANIZATION is t	rue and correct to the best of our knowledg	e,
Thisday of		·		
Terrell J. Myles Signature of Commi	ttee/Chairperson		318-683-4488  Daytime Telephone	
Angela Smith Signature of Commi	ttee Treasurer, if any		318-797-2450 Daytime Telephone	

Form 200, Rev. 12/03

Report Number: 42184

- 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)
  - a. Name

b. Address

**CAPITAL ONE** 

3715 Greenwood Road Shreveport, LA 71109